MEDI-CAL UPDATE Part 2
Billing and Policy
www.medi-cal.ca.gov

Vision Care

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Contents

Vision Care Cutoff Date Reminder for Providers of Vision Care Services Including Outpatient Clinics and Hospitals

On July 1, 2006, the California Department of Health Services (CDHS) discontinued the Vision CMC proprietary claims transaction format regardless of the date services were performed. Additionally, there is a new 50-3 *Treatment Authorization Request* (TAR) form that must be used to request prior authorization for medically necessary contact services and materials, low vision aids and non-Prison Industry Authority items for dates of service on or after July 1, 2006 regardless of media used to bill the claim.

To bill vision services with dates of service on or after July 1, 2006, providers have three options: paper claims, compliant electronic claims submission and electronic claims submission via the Internet (IPCS).

Paper Claims

The *Payment Request for Vision Care and Appliances* (45-1) claim form was end-dated July 1, 2006. The 45-1 can only be used to bill paper claims with dates of service **prior** to July 1, 2006. The *HCFA 1500* claim form must be used to bill paper claims with dates of service on or after July 1, 2006.

Electronic Claim Submission

Providers who successfully completed the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHS 6153) and test claims may bill electronically on the HIPAA-compliant 837 v.4010A1 transaction.

The ASC X12N 837 v.4010A1 Professional **Medical** Data Specifications **must** be used to submit vision claims with dates of service on or after July 1, 2006. For dates of service on or after July 1, 2006, the Medical Data Specifications (part of the *837 v.4010A1 Health Care Claim Companion Guide*) has been updated to include the required segments for vision claims. The ASC X12N 837 v.4010A1 Professional **Vision** Data Specifications must be used for claims with dates of service prior to July 1, 2006.

The companion guides are available on the Medi-Cal Web site (**www.medi-cal.ca.gov**). From the home page, click the "HIPAA" link and then the "ASC X12N Version 4010A1 Companion Guides and NCPDP Technical Specifications" link.

Electronic Claim Submission Using the Internet

Available for claims with dates of service on or after July 1, 2006, the HIPAA-compliant 837 Internet Professional Claim Submission (IPCS) Online Claim Form has been updated to give vision care providers an alternate method of submitting electronic claims through the Medi-Cal Web site. The online claim form has been updated to include new fields for billing vision services. The *Internet Professional Claim Submission (IPCS) User Guide* has been updated to reflect these changes.

Please see **Cutoff Date Reminder**, *page 2*

Cutoff Date Reminder *(continued)*

The IPCS system allows users to submit single vision service claims in real-time. The IPCS system does not perform online adjudication nor does it accept crossover claims. Claims submitted successfully receive a Claim Control Number (CCN) on the host response screen. If the IPCS system detects errors, the user will receive a "CLAIM REJECTED" message on the host response screen, and the claim can be edited to correct these errors before resubmitting. Submitted claims enter the daily batch cycle of the Medi-Cal claims processing system.

The IPCS system allows faster, more efficient data exchange between providers and CDHS.

To use the IPCS system, providers must have both of the following:

- A *Medi-Cal Point of Service (POS) Network/Internet Agreement* form on file with CDHS for each provider number. If providers currently have valid forms on file, no additional updates are needed. Providers can download the form from the Medi-Cal Web site by clicking the "Forms" link on the home page, then clicking "Medi-Cal Point of Service (POS) Network/Internet Agreement." Providers should print the form, complete, sign and return it to Medi-Cal at the address shown on the form.

- A valid Computer Media Claims (CMC) submitter ID and password. To obtain or update your ID and password, complete the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHS 6153), which can be downloaded from the "Forms" page of the Medi-Cal Web site. Check the "Internet" box in the Real Time Submission Type section, check Medical/Allied Health (05) and enter 4010X098 where indicated in the ANSI X12N 837 Version section.

Note: Submitters with a current, valid CMC submitter ID must still submit the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* to add the IPCS Internet options.

As of July 1, 2006, only professional medical and vision claims can be submitted using IPCS; Institutional claims cannot be submitted.

Additional Resources
For more information, in-state providers may call the Telephone Service Center (TSC) at 1-800-541-5555, 8 a.m. to 5 p.m., Monday through Friday. Border providers, software vendors and out-of-state billers who bill for in-state providers should call (916) 636-1200.

2007 ICD-9 Diagnosis Code Update

The following diagnosis code additions, inactivations and revisions are effective for claims with dates of service on or after October 1, 2006. Providers may refer to the *2007 International Classification of Diseases, 9th Revision, Clinical Modifications, 6th Edition* for ICD-9 code descriptors.

Additions
The following ICD-9 diagnosis codes are new:

052.2	053.14	054.74	238.71	238.72	238.73	238.74
238.75	238.76	238.79	277.30	277.31	277.39	284.01
284.09	284.1	284.2	288.00	288.01	288.02	288.03
288.04	288.09	288.4	288.50	288.51	288.59	288.60
288.61	288.62	288.63	288.64	288.65	288.69	289.53
289.83	323.01	323.02	323.41	323.42	323.51	323.52
323.61	323.62	323.63	323.71	323.72	323.81	323.82
331.83	333.71	333.72	333.79	333.85	333.94	338.0
338.11	338.12	338.18	338.19	338.21	338.22	338.28
338.29	338.3	338.4	341.20	341.21	341.22	377.43
379.60	379.61	379.62	379.63	389.15	389.16	429.83
478.11	478.19	518.7	519.11	519.19	521.81	521.89

Please see **ICD-9 Codes**, *page 3*

ICD-9 Codes *(continued)*

523.00	523.01	523.10	523.11	523.30	523.31	523.32
523.33	523.40	523.41	523.42	525.60	525.61	525.62
525.63	525.64	525.65	525.66	525.67	525.69	526.61
526.62	526.63	526.69	528.00	528.01	528.02	528.09
538	608.20 *	608.21 *	608.22 *	608.23 *	608.24 *	616.81 **
616.89 **	618.84 **	629.29 **	629.81 ** +	629.89 **	649.00 ** +	649.01 ** +
649.02 ** +	649.03 ** +	649.04 ** +	649.10 ** +	649.11 ** +	649.12 ** +	649.13 ** +
649.14 ** +	649.20 ** +	649.21 ** +	649.22 ** +	649.23 ** +	649.24 ** +	649.30 ** +
649.31 ** +	649.32 ** +	649.33 ** +	649.34 ** +	649.40 ** +	649.41 ** +	649.42 ** +
649.43 ** +	649.44 ** +	649.50 ** +	649.51 ** +	649.53 ** +	649.60 ** +	649.61 ** +
649.62 ** +	649.63 ** +	649.64 ** +	729.71	729.72	729.73	729.79
731.3	768.70 #	770.87 #	770.88 #	775.81 #	775.89 #	779.85 #
780.32	780.96	780.97	784.91	784.99	788.64	788.65
793.91	793.99	795.06 **	795.81	795.82	795.89	958.90
958.91	958.92	958.93	958.99	995.20	995.21	995.22
995.23	995.27	995.29	V18.51	V18.59	V26.34 *	V26.35 *
V26.39 *	V45.86	V58.30	V58.31	V58.32	V72.11	V72.19
V82.71	V82.79	V85.51	V85.52	V85.53	V85.54	V86.0 ** +
V86.1 ** +						

Restrictions

* Restricted to males only
** Restricted to females only
\# Restricted to ages 0 thru 1 year
\+ Restricted to ages 10 thru 99

Inactive Codes

Effective for dates of service on or after October 1, 2006, the following ICD-9 diagnosis codes are no longer reimbursable:

238.7, 277.3, 284.0, 288.0, 323.0, 323.4, 323.5, 323.6, 323.7, 323.8, 333.7, 478.1, 519.1, 521.8, 523.0, 523.1, 523.3, 523.4, 528.0, 608.2, 616.8, 629.8, 775.8, 784.9, 793.9, 995.2, V18.5, V58.3, V72.1

Code Description Revisions

The descriptions of the following ICD-9 diagnosis codes are revised:

255.10, 285.29, 323.1, 323.2, 323.9, 333.6, 345.40, 345.41, 345.50, 345.51, 345.80, 345.81, 389.11, 389.12, 389.14, 389.18, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93, 524.21, 524.22, 524.23, 524.35, 600.00, 600.01, 600.20, 600.21, 600.90, 600.91, 780.31, 780.95, 790.93, 873.63, 873.73, 995.91, 995.92, 995.93, 995.94, V26.31, V26.32

Manual replacement pages reflecting these ICD-9 code updates will be included in a future *Medi-Cal Update.*

Instructions for Manual Replacement Pages — Part 2

August 2006

Vision Care Bulletin 342

Remove and replace: medi non hcp 1/2 *

* Pages updated due to ongoing provider manual revisions.